# CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 1

The C/OH Instruction G	aulde explains how to complete this form.	1 Filer ID (Ethics Commission Filers)	2 Total pages filed:	
3 CANDIDATE/	CANDIDATE / MS / MRS / MR FIRST MI		OFFICE USE ONLY	
OFFICEHOLDER NAME	Andrew B. Piel			
IN ABVIC	NICKNAME LAST	SUFFIX	Date Received 😅 💥	
	LAO I	GOLLIV	APR	
			desired.	
4 CANDIDATE/	ADDRESS / PO BOX; APT / SUITE #;	CITY; STATE; ZIP CODE	0 12	
OFFICEHOLDER MAILING	2707 Park Run Drive, Arlington	n. TX 76016		
ADDRESS		,	3	
Change of Address		waterwaterwaterwaterwaterwaterwaterwater	# S	
5 CANDIDATE/	AREA CODE PHONE NUMBER	EXTENSION	27	
OFFICEHOLDER PHONE	(817) 366-8810		Date Hand-delivered or Date Postmarked	
6 CAMPAIGN	MS/MRS/MR FIRST	MI	Receipt # Amount \$	
TREASURER	Donahue, Diane		Dala Processed	
NAME	NICKNAME LAST	SUFFIX	Dale Processed	
			Date Imaged	
7 CAMPAIGN	STREET ADDRESS (NO PO BOX PLEASE); APT / S	UITE #; CITY; STATE;	ZIP CODE	
TREASURER	5617 Waterview Drive		26016	
ADDRESS	Joi/ vvalerview Drive	Arlington, TX 7	0010	
(Residence or Business)				
8 CAMPAIGN	AREA CODE PHONE NUMBER	EXTENSION		
TREASURER PHONE	(817) 675-9397			
-				
			Hardware Company	
9 REPORT TYPE	January 15 30th day before e	election Runoff	15th day after campaign	
			treasurer appointment (Officeholder Only)	
	July 15 Sih day before ek	ection Exceeded \$500 limit	Final Report (Attach C/OH - FR)	
HID - WA				
10 PERIOD	Month Day Year	Month	Day Year	
COVERED	04 / 05 / 2019	THROUGH 04 /	25 / 2019	
11 ELECTION	ELECTION DATE	ELECTION TYPE		
	Month Day Year Primary	Runoff Other Description		
	05 / 04 / 2019 🗸 General			
12 OFFICE	OFFICE HELD (if any)	13 OFFICE SOUGHT (if known	)	
-		Arlington, Texas C	ity Council District 4	
		3.5.7,	,	
GO TO PAGE 2				
GO TO PAGE 2				

### CANDIDATE / OFFICEHOLDER CAMPAIGN FINANCE REPORT

#### FORM C/OH COVER SHEET PG 2

14 C/OH NAME		15	Filer ID (Ethics Commission Filers)	
16 NOTICE FROM POLITICAL COMMITTEE(S)	THIS BOX IS FOR NOTICE OF POLITICAL CONTRIBUTIONS ACCEPTED OR POLITICAL EXPENDITURES MADE BY POLITICAL COMMITTEES TO SUPPORT THE CANDIDATE / OFFICEHOLDER. THESE EXPENDITURES MAY HAVE BEEN MADE WITHOUT THE CANDIDATE'S OR OFFICEHOLDER'S KNOWLEDGE OR CONSENT. CANDIDATES AND OFFICEHOLDERS ARE REQUIRED TO REPORT THIS INFORMATION ONLY IF THEY RECEIVE NOTICE OF SUCH EXPENDITURES.			
	COMMITTEE TYPE   COMMITTEE NAME			
	GENERAL	Arlington Police Association Political Action Committee		
	SPECIFIC	P.O. Box 856, Arlington, TX 76004-0856		
*		COMMITTEE CAMPAIGN THEASURER NAME		
Additional Pages		Jennifer Archer		
		COMMITTEE CAMPAIGN TREASURER ADDRESS		
		P.O. Box 856, Arlington, TX 76004-0856		
17 CONTRIBUTION TOTALS	1. TOTAL POLITICAL CONTRIBUTIONS OF \$50 OR LESS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS), UNLESS ITEMIZED			
	2. TOTAL POLITICAL CONTRIBUTIONS (OTHER THAN PLEDGES, LOANS, OR GUARANTEES OF LOANS)  \$ 5,517.90			
EXPENDITURE TOTALS			\$	
			\$ 9,139.00	
CONTRIBUTION BALANCE	5. TOTAL POLITICAL CONTRIBUTIONS MAINTAINED AS OF THE LAST DAY \$7,767.47			
OUTSTANDING LOAN TOTALS	6. TOTAL PRINCIPAL AMOUNT OF ALL OUTSTANDING LOANS AS OF THE LAST DAY OF THE REPORTING PERIOD \$ 2,500.00			
I swear, or affirm, under penalty of perjury, that the accompanying report is true and correct and includes all information required to be reported by me under title 15, Election Code.  Signature of Candidate or Officeholder				
AFFIX NOTARY STAMP/SEALABOVE				
Sworn to and subscribed before me, by the said Andrew B. Fiel , this the				
day of fine				
Stoney W. Gonzalez, Notary Fublic				
Signature of officer administering path Perfed name of officer administering oath Title of officer administering oath				

### SUBTOTALS - C/OH

#### FORM C/OH COVER SHEET PG 3

19	19 FILER NAME 20 Filer ID (Ethics Com			nmission Filers)
	Andrew B. Piel			
21	21 SCHEDULE SUBTOTALS NAME OF SCHEDULE			SUBTOTAL AMOUNT
1,	1. X SCHEDULE A1: MONETARY POLITICAL CONTRIBUTIONS			\$ 4,850.00
2.	X	SCHEDULE A2: NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS		\$ 667.90
з.	3. SCHEDULE B: PLEDGED CONTRIBUTIONS			\$
4.	SCHEDULE E: LOANS		\$	
5.	X	X SCHEDULE F1: POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$ 9,139.00
6.	6. SCHEDULE F2: UNPAID INCURRED OBLIGATIONS		\$	
7.	7. SCHEDULE F3: PURCHASE OF INVESTMENTS MADE FROM POLITICAL CONTRIBUTIONS		\$	
8.	8. SCHEDULE F4: EXPENDITURES MADE BY CREDIT CARD		\$	
9.		SCHEDULE G: POLITICAL EXPENDITURES MADE FROM PERSONAL FUNDS		\$
10.		SCHEDULE H: PAYMENT MADE FROM POLITICAL CONTRIBUTIONS TO A BUSINESS OF C/OH		\$
11,		SCHEDULE I: NON-POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS		\$
12.		SCHEDULE K: INTEREST, CREDITS, GAINS, REFUNDS, AND CONTRIBUTIONS RETURNED TO FILER		\$

# MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) 8 Principal occupation / Job title (See Instructions) Employer (See Instructions) Out-of-state PAC (ID#: Amount of contribution (\$) Principal occupation / Job title (See Instructions) out-of-state PAC (ID# Date Amount of contribution (\$) City; State; Zip Code Principal occupation / Job title (See Instructions) out-of-state PAC (ID#:\_ Amount of contribution (\$)

ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED

If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

### MONETARY POLITICAL CONTRIBUTIONS

#### SCHEDULE A1

	SCHEDULE AT
The Instruction Guide explains how to complete this form.	1 Total pages Schedule A1:
FILER NAME	3 Filer ID (Ethics Commission Filers)
Date 5 Full name of contributor out-of-state PAC (ID#:	7 Amount of contribution (\$)
Principal occupation / Job title (See Instructions)  9 Employer (See Instructions)	ions)
Date  Full name of contributor  Full name of contributor  Government of the policy of	Amount of contribution (\$)  \$\operature{\psi} 500  \text{case}\$  sions)
	And the state of t
Date Full name of contributor  Out-of-state PAC (ID#:)  A. 6. IONIA Dena  Contributor address; City; State; Zip Code	F 200, 60
Principal occupation / Job title (See Instructions)  Principal occupation / Job title (See Instructions)  Employer (See Instructions)	ions)
Date  Full name of contributor   out-of-state PAC (ID#:	Amount of contribution (\$)  \$100.
ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NE	

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Scheols A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 4 Date 7 Amount of contribution (\$) aut-af-state PAC (ID#: 8 Principal occupation / Job title (See Instructions) Full name of contributor out-of-state PAC (ID#: Date Amount of contribution (\$) out-of-state PAC (ID# Amount of contribution (\$) \$ 125.00 Amount of contribution (\$) ut-of-state PAC (ID# cipal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Date Principal occupation / Job title berrie *onsultant* ut-of-state PAC (ID# Date See Instructions) Amount of contribution (\$) State; Puncipal occupation / Job title (See ployer (See Instructions) Date Amount of contribution (\$) Dut-of-state PAC (ID# Contributor address; State; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

## MONETARY POLITICAL CONTRIBUTIONS SCHEDULE A1 1 Total pages Schedule A1: The Instruction Guide explains how to complete this form. 3 Filer ID (Ethics Commission Filers) 2 FILER NAME 7 Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#; City; State; Principal occupation / Job title (See Instructions) (See Instructions) out-of-state PAC (ID# Amount of contribution (\$) State; Zip Code Principal occupation / Job title Employer (See Instructions) Date Full name of contributor out-of-state PAC [ID#: Amount of contribution (\$) City; Zip Code State; Contributor address; Principal occupation / Job title (See Instructions) Employer (See Instructions) Date Amount of contribution (\$) Full name of contributor out-of-state PAC (ID#:\_ State; Zip Code Contributor address; City; Employer (See Instructions) Principal occupation / Job title (See Instructions) ATTACH ADDITIONAL COPIES OF THIS SCHEDULE AS NEEDED If contributor is out-of-state PAC, please see instruction guide for additional reporting requirements.

# NON-MONETARY (IN-KIND) POLITICAL CONTRIBUTIONS

#### SCHEDULE A2

The Instruction Guide explains how to complete this form.			1 Total pages Schedule A2;	
2 FILER NAMI	E		3 Filer ID (Ethics Commission Filers)	
Andrew Piel,	Candidate for Arlington City Council, District 4			
4 TOTAL OF UNITEMIZED IN-KIND POLITICAL CONTRIBUTIONS		\$ 667.90		
5 Date	Date  6 Full name of contributor  out-of-state PAC (ID#:)  Arlington Police Association Political Action Comm  7 Contributor address; City; State; Zip Code  P.O. Box 856, Arlington, TX 76004-0856		8 Amount of 9 In-kind contribution Contribution \$ , description ittee  Check if travel outside of Texas. Complete Schedule T.	
10 Principal oco	pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	11 Employe	er (FOR NON-JUDICIAL)(See Instructions)	
	tion Committee			
12 Contributor's	principal occupation (FOR JUDICIAL)	13 Contribu	ibutor's job title (FOR JUDICIAL) (See Instructions)	
14 Contributor's	employer/law firm (FOR JUDICIAL)	15 Law firm	rm of contributor's spouse (if any) (FOR JUDICIAL)	
16 If contributor	is a child, law firm of parent(s) (if any) (FOR JUDICIAL)			
¥				
Date	Full name of contributor		Amount of . In-kind contribution Contribution \$ description	
	Contributor address; City; State; Zip Con	de	Check if travel outside of Texas. Complete Schedule T.	
Principal occ	Pupation / Job title (FOR NON-JUDICIAL) (See Instructions)	Employ	er (FOR NON-JUDICIAL) (See Instructions)	
Contributor's	s principal occupation (FOR JUDICIAL)	Contributor's job title (FOR JUDICIAL) (See Instructions)		
Contributor's employer/law firm (FOR JUDICIAL)		Law firm of contributor's spouse (if any) (FOR JUDICIAL)		
If contributor is a child, law firm of parent(s) (if any) (FOR JUDICIAL)				
	ATTACH ADDITIONAL COPIES OF 1 contributor is out-of-state PAC, please see instruction			

## POLITICAL EXPENDITURES MADE FROM POLITICAL CONTRIBUTIONS

## SCHEDULE F1

EXPENDITURE CATEGORIES FOR BOX 8(a)				
Advertising Expense Accounting/Banking Consulting Expense Contributions/Donations Made By Candidate/Officeholder/Political Credit Card Payment	Fees Office Overhee Food/Beverage Expense Polling Expense y Gift/Awards/Memorials Expense Printing Expen	nse Travel Out Of District es/Contract Labor Other (enter a category not listed above)		
1 Total pages Schedule F1;	Andrew Piel, Candidate for Arlington Ci	3 Filer ID (Ethics Commission Filers)		
4 Date April 20, 2019	5 Payee name Fields Communications, L.L.C.			
6 Amount (\$)	7 Payee address; City; State; Zip Code			
\$8,840.00	5200 Rustle Leaf Drive, Arlington, TX 76017			
8 PURPOSE OF EXPENDITURE	(a) Category (See Categories listed at the top of this schedule)  Political Consutting Expenses, Mailers	(b) Description Check if travel outside of Texas. Complete Schedule T. Check if Austin, TX, officeholder living expense		
9 Complete ONLY if direct expenditure to benefit C/OH	Candidate / Officeholder name  Andrew Piel, Candidate for Arlington City C	Office sought Office held Council, District 4		
Date	Payee name			
04/09/2019	RTP Promotional Products			
Amount (\$)	Payee address; City; State; Zip Code			
\$299.97	505 East Abram St., Arlington, TX 76010			
	Category (See Categories listed at the top of this schedule)	Description		
PURPOSE OF EXPENDITURE	T-Shirts and Name Tags	Check if travel outside of Texas. Complete Schedule T.  Check If Austin, TX, officeholder living expense		
Complete ONLY if direct Candidate / Officeholder name Office sought Office held expenditure to benefit C/OH Andrew Piel, Candidate for Arlington City Council, District 4				
Date	Payee name			
4/5/19-4/25/19	Anedot, Inc.			
Amount (\$)	Payee address; City; State; Zip Code			
\$24.50	1920 McKinney Avenue, Dallas, TX 75201			
PURPOSE OF EXPENDITURE	Category (See Categories listed at the top of this schedule) Online Fundraising Portal and Processing	Description  Check if travel outside of Texas. Complete Schedule T.  Check if Austin, TX, officeholder living expense		
Complete ONLY if direct expenditure to benefit C/O	Candidate / Officeholder name  H Andrew Piel, Candidate for Arlington City Council, Dis	Office sought Office held strict 4		
e to the same of t	ATTACH ADDITIONAL COPIES OF THIS S	CHEDULE AS NEEDED		